

Requisition

THIS NUMBER MUST APPEAR ON
ALL INVOICES, BILLS OF LADING
AND PACKAGES.
REQ NO: [REDACTED]

VENDOR CODE: [REDACTED]

Date: 01-25-2012

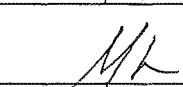
VENDOR: VWR Scientific

SHIP-TO:

MA Dept of Public Health
Amherst Drug Laboratory
Room N251 Morrill I
637 North Pleasant Street
Amherst, MA 01003

Requisitioner James Hanchett	Vendor Customer # [REDACTED] P (800)932-5000	Delivery Date 01-31-2012	G/L Account Code [REDACTED]	Agreement # HSP29	Commodity #
---------------------------------	--	-----------------------------	--------------------------------	----------------------	-------------

Line	Qty	U/M	Item Code/Description	Unit Price	Amount
1	1	CS	89000-864 : TUBE TEST GLASS 16X150MM PK6 Vendor Item Code: 89000-864	442.5300	442.53
2	1	ea	53501-634 : DISPENSER BOTTLE TOP 1000ML Vendor Item Code: 53501-634	467.7500	467.75
3	3	PK	HP9301-0725 : SYRINGE 10UL STRAIGHT PK6 Vendor Item Code: HP9301-0725	174.0900	522.27
4	10	ea	HP19251-60540 : LINER SPLIT GLASS Vendor Item Code: HP19251-60540	16.9400	169.40
5	5	ea	97034-174 : FILAMENT GCMS HIGH TEMP EI Vendor Item Code: 97034-174	115.7500	578.75
Deliver to Jim Hanchett, Amherst Drug Lab.					
				Total	\$2,180.70


 Authorized Signature